LZOCCC AC2542

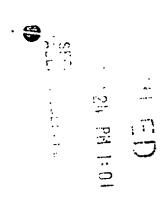
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COVER LETTER

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Registration Section Division of Corporations

TO:

SUBJECT: Obnika Notary S	Services, LLC
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this i	matter to the following:
	Obnika JL Castin
	Name of Person
Obnika	Notary Services, LLC
	Firm/Company
4781	N Congress Ave, PMB 3120
	Address
Boyı	nton Beach, FL 33426
Contact@	City/State and Zip Code Oobnikanotaryservices.com
E-mail add	dress: (to be used for future annual report notification)
For further information concerning this matter, pl	ease call:
Obnika JL Castin	_{at (} 561) 295-1195
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	_
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	124 PM 1:01
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	-
, Meri	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/4/2020}{4}$	0 and assigned
Florida document number <u>L20000202842</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter th</u> agent and/or the new registered office address here:	e name of the new registere
agent and/or the new registered office address here.	
Name of New Registered Agent:	
- Annie of them registered regent.	
New Registered Office Address: Enter Florida street address	
Emer Frontal Siver dauress	
, Flori	ida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alex Castin	4781 N Congress Ave, PMB 3120 Boynton Beach, FL 33426	⊠Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	-		□Add
			□ Remove
			□Change
			🗆 Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

Add EIN: 8	5-1928376
	
	
	
	
fective date, if other thai	
ote: If the date inserted in the	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3 s block does not meet the applicable statutory filing requirements, this date will not be listed as the
cument's effective date on t	e Department of State's records.
ecord specifies a delayed ef	etive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	•
July 22	2020
<u>)</u>	
	Supposition of a formal distribution of the state of the
	Signature of a member of authorized representative of a member
	Obnika 3L Castin

Typed or printed name of signee